

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10/500665

## CLAIMS AS FILED - PART I

|                                  | (Column 1)               | (Column 2)   |
|----------------------------------|--------------------------|--------------|
| TOTAL CLAIMS                     |                          |              |
| FOR                              | NUMBER FILED             | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS          | 33 minus 20 =            | 13           |
| INDEPENDENT CLAIMS               | 5 minus 3 =              | 2            |
| MULTIPLE DEPENDENT CLAIM PRESENT | <input type="checkbox"/> |              |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE      | FEE |    | RATE      | FEE |
|-----------|-----|----|-----------|-----|
| BASIC FEE | 460 | OR | BASIC FEE |     |
| XS 9=     | 917 | OR | XS 18=    |     |
| X43=      | 86  | OR | X86=      |     |
| +145=     |     | OR | +290=     |     |
| TOTAL     |     | OR | TOTAL     |     |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

|  | (Column 1)                       | (Column 2)                         | (Column 3)    |
|--|----------------------------------|------------------------------------|---------------|
| AMENDMENT A                                    | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total  | 33                               | Minus 33                           | =             |
| Independent                                    | 5                                | Minus 5                            | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/>         |                                    |               |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| XS 9=            |                | OR | XS 18=           |                |
| X43=             |                | OR | X86=             |                |
| +145=            |                | OR | +290=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

|  | (Column 1)                       | (Column 2)                         | (Column 3)    |
|--|----------------------------------|------------------------------------|---------------|
| AMENDMENT B                                    | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total  |                                  | Minus                              | =             |
| Independent                                    |                                  | Minus                              | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/>         |                                    |               |

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| XS 9=            |                | OR | XS 18=           |                |
| X43=             |                | OR | X86=             |                |
| +145=            |                | OR | +290=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

|  | (Column 1)                       | (Column 2)                         | (Column 3)    |
|--|----------------------------------|------------------------------------|---------------|
| AMENDMENT C                                    | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total  |                                  | Minus                              | =             |
| Independent                                    |                                  | Minus                              | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/>         |                                    |               |

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| XS 9=            |                | OR | XS 18=           |                |
| X43=             |                | OR | X86=             |                |
| +145=            |                | OR | +290=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

\* The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.